

**MULTIPLE DEPENDENT CLAIM  
FEES CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL

**509895**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
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48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	74	↓	99	↓		↓
TOTAL CLAIMS	76	↓	101	↓		↓

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓